

insane resulting among them would be 9,240 instead of 23,989 as it now is—a difference of 14,749, which is much more than the 10 per cent. of proportional excess of insane to population in the Northern States and Territories. Admitting that census tables, prior to 1880, fail to give the full aggregates of the insane, it will be safe, for present purposes, to assume, that, whatever errors there may have been in the totals, the error of each census was fairly distributed between the various elements of population; so that the census proportion of insane to each class of population was fair and just. This is assuming much, since the errors in the census tables prior to 1880 would affect the foreign population largely from the lack of intelligence shown by the census enumerators; many of the foreign travelling insane population would escape enumeration. How large such possible errors are may be conjectured from the facts stated by the Illinois State Board of Charities. In 1870 the difference between the number of the insane on the list of the census enumerators and those on the State Board of Charities was 1,377; there being on the lists of the Board taken in 1869 1,434 not on the census list, and 115 names not on the board list were on the census list, while 953 names were common to both. Dr. Clevenger (*Medical Journal and Examiner*, 1883) states that he has known of instances where name after name was copied from the Chicago Directory and placed on the census lists as inhabitants of certain districts in the Territories. Such errors of omission and commission seriously vitiate Dr. Pratt's conclusions which are that: First: Beginning with 1860 the foreign-born population had increased, since 1850, nearly 100 per cent., while the foreign-born insane had increased 181 per cent. Second: That at the close of the next decade, in 1870, the total foreign born had increased only about 30 per cent., but the insane of this class had increased nearly 100 per cent. Third: In 1880 the foreign born had increased less than 20 per cent., but their insane had increased 150 per cent.

SUMMER VACATIONS FOR THE INSANE.—Dr. W. W. Godding, Washington, D. C., (*American Journal of Insanity*, October, 1884,) says, speaking of the summer home at Brattleboro, Vt.: "The latter especially impressed me during a visit in the early autumn. Here were the insane, like ourselves, taking their summer vacation, their quiet rooms and pleasant piazzas open to the air and sunshine, with the rest of the hills and the freedom of the birds and trees about them. To their darkened lives this has come as a dream of Arcadia. And in the direction of enlightened provision in the past, I could not sufficiently admire the far-seeing wisdom of the first superintendent (Dr. W. H. Rockwell), who had, when land was cheap, purchased wellnigh a township of meadow and hill and mountain, so that to-day the insane could enjoy this picnic life far from the hospital walls, and take long rambles over the hills all unmolested within their own domains, a world so wide

that they would seem to have no need to sigh for one outside its boundaries."

HOSPITALS FOR THE INSANE.—Dr. S. V. Clevenger (*American Journal of Neurology and Psychiatry*, August, 1884) concludes that the hospital for the insane is an important element in treatment. It should be constructed on the segregate plan with a predominance of associated dormitories. The attendants should be properly chosen, properly treated, and encouraged to take a *scientific* interest in their patients. Under certain restrictions female attendants should be placed in male wards. Restraint should be reduced to the greatest possible minimum and prescribed strictly as a remedy. Employment of a proper nature should be given the patient. Furloughs may be of service, but should be given with great care. A censorship should be kept over correspondence. Each hospital should have two sick wards. Visits of friends should be permitted only when beneficial to the patient. Schools should be established as a means of employment and treatment. Dr. C. H. Hughes (*Alienist and Neurologist*, April, '85) concludes that every insane community of mixed, recent, or long standing cases, or of chronic cases exclusively, should be a home and not a mere place of detention. It should be as unprison-like and attractive as any residence for the non-criminal. It should have at least 640 acres of ground. It should be in the country, but accessible to the supplies of a large city. It should have a central main building as architecturally beautiful and substantial as the State will erect, provided with places of security for such cases as are excited, with a chapel, amusement hall, and hospital in easy covered reach of the feeble and decrepit, and accessible without risk to health in bad weather. Out-houses should be built with rooms attached and set apart for the residence of trustworthy patients, for farmer, gardener, dairyman, shepherd, engineer. Cottages should be scattered about the ground for the use and benefit of such as might enjoy a segregate life. A perfect but not direct nor offensive surveillance should be exercised over all the patients, with a view to securing them the largest possible liberty compatible with the singular nature of their malady. The head of such a community should be a physician. The largest personal liberty should be best secured to them by provision for the sexes in widely separated establishments.

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e.—THERAPEUTICS OF THE NERVOUS SYSTEM.

SECONDARY NERVE SUTURE.—Though secondary suture of nerves is a well-recognized operation, one of the two cases reported by Dr. Thomas H. Markoe (*Medical News*, March 14, 1885) is so unique as to deserve recording. A little girl was admitted to the New York Hospital with a wound in the neck. After the disability of the shoulder from the wound had subsided,